	L
PLACE OF BIRTH	70111 CM1177 D0177 - 07
1. County of Lila ARIZONA STATE BOARD OF HEALTH	
District of BUREAU OF VIT.	AL STATISTICS State Index No. /0 8 0
Town of Hayded ORIGINAL CERTIF	
or	Local Registrar No. 20
City ofNoNo	
City of	
2. Full name of child Clana Martine	{ If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	6. Legitimate? 7. Date Fil-1923
Terrale in event of plural 5. No., in order of birth.	of birth
8. FATHER	14. MOTHER
Full name of the state of the s	The state of the s
Markey Ifar him	Full malden notification for a lande will
9. Residence (Usual place of abode)	15 Residence (Usual place of abode) Haydlu
If non-resident, give place and state.	If non-resident, give place and state,
10. Color or race	16 Color or race
Mwll au 11. Age at last birthday 45 (Years)	Mullean 17. Age at last birthday 26 (Years)
1	11. rige at last on tilday
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) / Meyeca	(State or country)
13. Occupation Bashy	19. Occupation
Nature of Industry	Nature of industry
·	
20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against oph-thalmia neonatorum?	
(Taken as of time of birth of child herein) (b) Born affve but now dea certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was (Born alive or rillegra) m, on the date above stated	
*When there was no attending physician Signature	perto martina father
or midwife, then the father, householder, etc., should make this return. A stillborn	(Physician or midwire).
child is one that neither breathes nor shows other evidence of life after birth.	Jagam ang
Given name added from a supplemental report. Month, day, year Riled Maulo, 1927 Local Registrar.	
Registrar Piled 19 County Registrar.	
949-701-411	

order of birth stated.

.

0